

CLAIMS ONLY

7-24-87

Application Number

Applicant(s) 10520, 419

Filing Date

Applicant(s)

| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | |
|--------------|----------|--------|-----------------------|--------|------------------------|--------|
| | Indep | Depend | Indep | Depend | Indep | Depend |
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| Total Claims | | | | | | |

* May be used for additional claims or amendments

| | INDEPENDENT CLAIMS | | DEPENDENT CLAIMS | | TOTAL CLAIMS | |
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| Total Indep. | | | | | | |
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